

Title: **Medicines Policy for Skilled Not Registered (SNR) Staff** Ref No: 1928 Version 2

Directorate: Medical Due for Review: 31/01/18

Responsible for review: Medicines Governance Facilitator

Ratified by: Care and Clinical Policies Sub Group

Applicability: All Registered Nurses and Prescribers

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## 1. Purpose

This policy aims to inform staff of their responsibilities regarding medicines when supporting patients in the community. It aims to promote good practice and in conjunction with the related Standard Operating procedures (SOPs) provide the tools to ensure that service users can receive their medicines in a safe and timely way.

## 2. Introduction

- 2.1 The Medicines Policy for Skilled Not-Registered Staff (SNRs) has been prepared the Medicines Optimisation Team with advice from a range of Health and Social Care professionals.
- 2.2 The Care Quality Commission (CQC) is the independent regulator of Health and Social Care in England. CQC regulate Health and Social Care services provided by NHS local authorities, private companies and voluntary organisations.

## 3. Definitions

For the purpose of this policy the phrase:

**Skilled Not Registered (SNR) worker** will be used but it covers the following:

- Domiciliary Care Worker
- Health Care Assistants (community hospitals and units)
- Support worker (to any professional discipline)
- Assistant Practitioners
- Care worker

**Service User** refers to:

- Client, patient, person who uses services

**Care Plan** refers to:

- Patient held record
- Care Plan which is held by the service provider
- The individualised plan of care is decided upon by the assessing staff member i.e registered nurse or rapid response worker, trained in assessing levels of need and risk, including the level of medicine management support required.
- This will be completed on the initial visit and any queries raised with the relevant health professionals. For example, GP. District nurses, social care/referring team or discharge teams.
- The care plan should be based around the referral details of the service user or the discharge letter from the hospital.
- If the person writing the care plan is unsure of any medication details clarification must be sought from the prescriber or the out of hours GP service.

#### **4. Statement / Objective**

- 4.1 This Policy has been developed for Skilled Not Registered (SNR) workers employed by Torbay and Southern Devon Health and Care Trust who are involved in supporting service users with their medication in health and social care settings.
- 4.2 This policy defines best practice and the principles which ensure that medicines in health and social care are handled safely with the required legislation.

#### **5. Principles of Safe and Appropriate Handling of Medicines**

- 5.1 Service users are responsible for holding and taking their own medication. Where service users require assistance, this policy and local Standard Operating Procedures associated with it must be adhered to.
- 5.2 People who use health and social care services have freedom of choice in relation to their provider of pharmaceutical care (community pharmacy) and services including dispensed medicines.
- 5.3 This policy sets out the systems and arrangements that must be in place regarding access to medication, storage, assistance with medicines, control and disposal of surplus medication.
- 5.4 This policy defines the principles of good practice, which are to be applied to the administration of medication.
- 5.5 Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

#### **6. Levels of Assistance with Medicines**

There are three different levels of assistance that SNR workers can provide in relation to medicines.

##### **6.1 Level 1- Assistance**

This may include:

- An occasional reminder. However regular reminders will need to be referred back to line manager for revision of care plan as this is considered to be level 2 - administering medication.
- Requesting repeat prescriptions from the GP
- Collecting medicines from a pharmacy in exceptional circumstances where a relative is not available to do this or delivery cannot be arranged.
- Returning unwanted medicines to a pharmacy.

- Manipulation of a container e.g. opening a bottle of liquid medication or popping tablets out of a blister pack at the request, and under specific direction of the service user. The SNR worker should not be required to select, measure or administer the medication.

The nature of the assistance should be detailed on the care plan.

### **Example Scenario of Level 1 Assistance**

Mrs Smith understands the medicines she has been prescribed and why she is taking them. She tells the SNR worker which tablets she requires and when she needs to take them, however her arthritis makes opening the medication difficult. The SNR worker then provides assistance with opening the containers and observes Mrs Smith taking the tablets. This support must be recorded in the care plan.

## **6.2 Level 2 - Administering Medication**

This may include:-

- Safely selecting, preparing and giving various different medicines not under the direction of the service user.
- Establishing from the records e.g. G.P summary, prescription labels, discharge summary from hospital, which medicines are prescribed for a person at a specific time in the day.
- Selecting the correct medicine from a pharmacy labelled container including monitored dosage system.
- Measuring a dose of liquid medicine.
- Applying a medicated cream/ointment; inserting drops to ear, nose or eye; and administering inhaled medication.
- Applying transdermal patches. SNR workers need to be aware of the signs and symptoms of opiate overdose before being requested to apply and remove opiate patches.
- Recording that a person has had the medicine

### **Example Scenario of Level 2 Administering Medication**

Mr Jones is a patient living at home and has been prescribed a fentanyl patch by his GP for back pain. A new patch needs to be applied every three days. Mr Jones needs help to administer his medication, as he finds the packaging 'too fiddly' and cannot keep track of the three days himself. He has also previously forgotten to remove the old patch before applying a new one. The SNR worker firstly identifies she has the correct patient by asking his name and checking the relevant documentation. She then checks which medicine Mr Jones has been prescribed and directions for use. The care worker then confirms that the medicine hasn't already been administered and gains consent from the patient. The SNR proceeds to select each medication required from the labelled packet and transfers to a clean container and administers it to Mr Jones. All actions are then documented as per local procedure.

## **6.3 Level 3 - Administering Medication by Specialised Techniques**

Level 3 relates to administration of medication by specialised technique, following a process of delegation of the task by a Registered Healthcare Professional. Further information can be found in the policy "Supervision, Accountability and Delegation of Activities to Skilled Not Registered Staff".

The policy outlines the situations where delegation may be appropriate. The SNR worker must be assessed and documented as competent by a Registered Healthcare Professional before undertaking a level 3 administration task. For all level 3 medication administration tasks delegated to SNR workers, the delegating Registered Health Care Professional must review on a regular basis to ensure that the prescription has been requested and medication delivered and MAR chart are correct.

SNR workers must have completed the QCF Unit Administer Medication to access this qualification please contact the Education department.

Level 3 Administration of medication is **patient specific**. This means, for example, that an SNR worker who has been assessed as competent to administer rectal administration to a patient is not competent to administer the medicine to another patient unless their competence is assessed for that patient.

Medicines that may delegated and administered in this way may include:-

- Rectal administration e.g. suppositories or enemas
- Insulin by subcutaneous injection
- Low molecular Weight heparin by subcutaneous injection
- Medicines administered by enteral tubes e.g. Percutaneous Endoscopic
- Gastrostomy (PEG)
- Nebulisers
- Oxygen
- Vitamin B12 injections
- Buccal Midazolam

### **Example Scenario of Level 3 Administering Medication by Specialised Technique.**

Mrs Rogers is a 65 year old lady with Multiple Sclerosis. She has a PEG tube fitted and needs her medication to be administered via the PEG.

The SNR worker has had appropriate level 3 patient specific training and been assessed as competent by a Registered Healthcare Practitioner to administer Mrs Roger's medication via a PEG tube. After identifying correct patient and correct medication, gaining patient consent and administering medication, the SNR worker would then administer the medication and record on the MAR's chart and in the patient notes.

## **7. Roles and Responsibilities**

### **7.1 Roles and Responsibilities of the Skilled Not-Registered (SNR) worker**

7.1.1 To enhance the independence of the service user.

7.1.2. To have received approved medication training and be assessed and recorded as competent, before assisting in the administration of medicines.

7.1.3 SNR workers may be asked to provide support to service user with medication, as specified in the care plan.

7.1.4 SNR workers should only undertake medication tasks where they have been assessed as being competent. SNR workers should report to their Line Manager any concerns relating to medication.

7.1.5 SNR workers must never provide advice regarding medication. Only a Registered Healthcare Professional can give advice on medication to a service user.

## 7.2 Roles and Responsibility of the Line Manager

7.2.1 Line managers are responsible for ensuring SNR workers do not assist or administer medication unless trained and assessed as competent to do so.

7.2.2 If a line manager is not a Registered Healthcare Professional and a query arises in relation to medication, an appropriate Registered Healthcare Professional should be contacted to provide guidance.

7.2.3 Line Managers are responsible for reviewing and updating standard operating procedures (SOPs) for their services.

## 7.3 Roles and Responsibility of the person developing the Care Plan

7.3.1 The person developing the Care Plan is responsible for ensuring that service user receives the appropriate level of support they require with medication.

7.3.2 They must ensure that any medication needs identified during an assessment must be referred to appropriate members of the multi-agency team. This includes appropriate Registered Healthcare Professionals where appropriate. If this occurs out of hours and a duty doctor is consulted, the service users own GP must then also be consulted once the surgery re opens.

7.3.3 The person developing the care plan must provide a care plan which details the specific support a service user requires with their medication. Phrases such as “prompt medicines” are not appropriate.

7.3.4 They must ensure that the arrangements for support with medication are reviewed as specified in the care plan (not less than six monthly) or as the service user’s needs change. This must include a review on discharge from hospital.

## 7.4 Roles and responsibility of the Community Pharmacist

7.4.1 As well as dispensing prescriptions, pharmacists provide advice on medicines and a range of other services.

7.4.2 Community Pharmacists have a responsibility under the Equality Act 2010 to make reasonable adjustments to their services to enable service users to take their medicines safely.

(It is not appropriate for an SNR to request a monitored dose system (MDS) e.g. dosette box or blister pack from a community pharmacy merely for the sake of convenience when assisting with or administering medication to a patient).

Some examples of “reasonable adjustment” that could be made by a community pharmacist under the DDA might include the following:

- Medication reminder charts
- Large print labels
- Plain screw top bottles
- Compliance aid e.g. Monitored Dosage System (MDS) i.e. dosette box or blister pack

The Community Pharmacist is responsible for determining that a patient has a disability as described by the DDA and qualifies for reasonable adjustments as stated above.

#### 7.4.3 Medication Usage Review (MURs)

The MUR is a review that is undertaken by a community pharmacist to help patients manage their medicines. It involves a pharmacist reviewing a patient's medication, by conducting a one to one consultation with the patient, ensuring they understand how their medicines should be used and why they have to take them. This should identify any problems. This would usually happen no more than once a year. MURs must only be provided for patients who have been using the pharmacy for the dispensing of their medicines for the previous three months and it is up to the pharmacist to decide which patients receive this service. The service could be particularly useful if a patient is on long term or multiple medications.

#### 7.4.4 Community Pharmacists provide a disposal of unwanted medication service.

### 7.5 Roles and Responsibility of the Prescriber

- 7.5.1 The primary responsibility for prescribing and management of medicines rests with the prescriber.
- 7.5.2 Prescribers should provide instructions for taking the medicine and not use the term "as directed".
- 7.5.3 Only the prescriber responsible for the care of the service user can provide a complete and up to date record of the service user's medication.
- 7.5.4 Where a prescriber initiates a change to medication they must ensure that the service user and/or person responsible for their care have the appropriate information so that the medication can be taken safely.

## 8. Principles of Good Practice

- 8.1 SNR workers may provide support with medication ONLY when it is within their competence to do so. SNR workers must follow the Standard Operating Procedures specific to the service they are working in.
- 8.2 Everyone involved in the care of a service user is responsible for ensuring that his/her medication is managed appropriately. However, the primary responsibility for the prescribing and management of medication rests with the prescriber in consultation with other members of the primary healthcare team and the service user.
- 8.3 Prescribed medicines are the property of the person to whom they have been prescribed and dispensed.

- 8.4 The service user's medication needs should be assessed as part of the care management process, documented and incorporated into the care plan. And appropriate timely reviews including if there is any change in condition.
- 8.5 The views of the service user must be respected and any refusal to take medication should be recorded on the Medication Administration Record (MAR) and reported to the line manager. If this persists the line manager is responsible for contacting the prescriber.
- 8.6 A service user's medication should be reviewed at least annually by their General Practitioner. It is good practice for the person reviewing the care plan to ensure that this review takes place.
- 8.7 Administration of medication will be delivered in a way that respects dignity, privacy, cultural and religious beliefs of the service user.
- 8.8 Service users living in their own homes are responsible for managing their own medication unless the care plan states otherwise.
- 8.9 Confidentiality must be observed regarding the service user's medical history and medication Refer to: Torbay Care Trust Confidentiality: Staff code of practice. Check this
- 8.10 The level of medicine support provided by the SNR worker should be risk assessed prior to the implementation and a copy of current medication obtained from the patient's GP. In the out of hours period a referral from the out of hours GP service is acceptable.

## **9. Supply of Medication**

- 9.1 SNR workers can only administer medication which has been dispensed and labelled by a pharmacy.
- 9.2 SNR workers must not fill any Monitored Dosage Systems (e.g. dosette boxes or blister packs) for service users.
- 9.3 Wherever possible, medication should be obtained by the service user or their representative. In exceptional circumstances, SNR workers may take a prescription to the pharmacist and return medication to the service user. This must be documented.
- 9.4 Prescription requests need to be completed by the service user, or a member of the family. In exceptional circumstances, the SNR worker may undertake this task following the service standard operating procedure.
- 9.5 Service user's medication must accompany them if they move to another care setting.

## **10. Providing Assistance or Administration of Medication**

- 10.1 Monitored Dosage Systems (MDS) should not be used unless a full risk assessment has been completed and agreed by the person responsible for setting up the care plan. There is good evidence that MDS can hinder medicines adherence if used inappropriately (13).



- 10.2 SNR workers can safely and routinely provide administration and assistance with medicines for the majority of service users without the need for MDS.
- 10.3 SNR staff must not assist with or administer medication from family-filled compliance aids.
- 10.4 Assistance with or administration of medication must be in accordance with the prescriber's instructions, as printed on the pharmacy label and Medication Administration Record (MAR).
- 10.5 The label on the container provided by the pharmacist must not be altered under any circumstances. If the label becomes detached from the container or is illegible, the SNR must not give the medication. The SNR must seek advice from an appropriate Registered Healthcare Professional. An incident form must be completed.
- 10.6 If SNR workers are in any doubt regarding assistance with or administration of medication, they should contact their line manager in the first instance.
- 10.7 SNR workers should not attempt to administer medication if a service user refuses it. This should be recorded and reported to their line manager in the first instance.
- 10.8 SNR workers must not disguise medication in food or drink unless documented in the care plan and with the full knowledge and approval of the prescriber.
- 10.9 Medication is the property of the service user and therefore should not be removed from the service user's home without consent.
- 10.10 "As required" medications must be given in accordance with the prescriber's instructions, details of which should be recorded on the care plan. This should detail the maximum dose in 24 hours, how often the dose can be repeated and details of how and when the medication should be given. If this information is not available it should be obtained from the prescriber. If there are any changes to the patient's condition a registered professional or the prescriber must be contacted before medication is administered.
- 10.11 SNR workers should only perform tasks where they are competent and confident to do so.

### **11.3 Administration of Controlled Drugs**

- 11.1 Controlled Drugs are subject to increased legislation compared to other prescribed medicines but SNR workers do not need to change their procedure for administration as a result.
- 11.2 If in exceptional circumstances, a Controlled Drug requires collection from a pharmacy by an SNR worker, evidence must be produced to confirm identification of that worker to the pharmacist.
- 11.3 If SNR workers are required to administer a Controlled Drug to a service user, the same procedure for administration and recording should be used. This is a level 2 administration task, unless administered by specialised technique. There is no additional requirement for Controlled Drugs used in the community setting.
- 11.4 In residential and day care settings controlled drugs must be locked securely in a designated controlled drugs cabinet.

## 12. Documentation and Record Keeping

- 12.1 Medication Administration Record (MAR) charts are a formal record of the administration of medicine. The content and accuracy of MAR charts ensures that safe medicines administration can take place. The principal source of information from which a MAR chart is produced should be the written prescription.
- 12.2 The drug name, strength, dose, form (e.g. tablet, liquid, inhaler) and frequency on the MAR chart must match the details on the label that is attached to the medicines packaging. The service standard operating procedures detailing the process for medicines administration must be available. If followed appropriately, this will minimise the risk of medication errors when medicines are administered.
- 12.3 When medication is administered by an SNR worker, a record must be made on the medication administration record sheet (MAR) including:
- Date
  - Time
  - Medication – name, form, strength
  - Appropriate codes used for refusal, absence, sleeping, prepared doses (i.e. doses left out for service user to take later) and other reasons such as medication unavailable, spillage, dropped tablets etc. Where the code “O” is used, an explanation is required on the medication record sheet and service user’s notes.
  - R= Refused A= Absent S= Sleeping P= Prepared ( where a dose is left out to be taken later) O= Other
- 12.4 The current MAR should be kept in the Patient Held Record.
- 12.5 Used MAR sheets must remain in the Patient Held Record for a minimum of 28 days after last entry before being returned to the base. For retention times please refer to Records Management Procedure.
- 12.6 All records must be written in black ink and be legible, factual and current. There must be no obliteration with Tippex or similar and any alterations must be crossed through with a single line, initialled and dated.
- 12.7 Any changes or additions to the existing medication administration record (MAR) sheet require written confirmation from the prescriber, prior to the commencement of medication. This is usually in the form of a new prescription form.
- 12.8 If hand written medication administration record (MAR) sheets are completed by an SNR worker the service must have a standard operating procedure to describe the process.

## 13. Disposal of Medicines

- 13.1 It is expected that relatives or representatives of the service user will make arrangements for the return of all unwanted medication to the pharmacist for safe disposal. Where there is no-one able to do this, consent should be obtained directly from the service user. Medication should be returned as soon as possible to the pharmacy.
- 13.2 A form (Appendix 2 - Permission to Remove Unwanted Medicines) should be completed for any medication that requires disposal. This should detail the name of the medication, quantity, date and reason for return to a pharmacy. The form should be signed and dated by

the service user or their authorised representative and the person who is removing the medication. The pharmacist receiving the medication should be requested to sign and date the form and return it to the SNR worker for its subsequent retention in the Patient Held Record. If the pharmacist does not agree to sign the form, this should be documented on the form.

- 13.3 Sharps, for example unwanted needles and sharps bins, will not be accepted for disposal by the community pharmacy and arrangements should be made with the council for their safe disposal.

## **14. Standard Operating Procedures**

- 14.1 A Standard Operating Procedure (SOP) is a working document which specifies in writing what should be done, when, where and by whom.
- 14.2 SOPs are helpful when training new members of staff and helps to assure the quality and consistency of a local procedure. SOPs also help to ensure that best practice is achieved at all times.
- 14.3 SOPs are particular to a specific local task or process and should be relative to the individuals that carry out that task or process.
- 14.4 All staff should have access to and a working knowledge of the SOPs for their service.
- 14.5 SOPs should be referred to regularly to check that they reflect current practice.
- 14.6 SNR workers should only undertake medicines related tasks that are detailed in a standard operating procedure.

## **15. Over the Counter (OTC) Medicines**

SNR workers must not offer advice to a service user about over-the-counter medication or complementary treatments. Examples of this include homeopathic preparations, vitamins, minerals and supplements, painkillers, cough linctus, cold and 'flu remedies etc. This list is not exhaustive. SNR workers must refer any request to their line manager for discussion with an appropriate Registered Healthcare Professional.

## **16 Verbal Orders**

Verbal Orders i.e. instructions taken from a Registered Healthcare Professional in person or over the telephone without written confirmation, are not recommended and should be taken only in exceptional circumstances and following the service standard operating procedure.

## **17. Management of Medication Incidents**

Medication incidents should be reported on the Datix incident reporting system following the Trust "Incident Reporting and Management Policy"

## **18. Medicines Out of Hours**

Local standard operating procedures must be available to support medication issues during the out of hour's period.

## **19. Training and competence**

19.1 All SNR workers and Registered Professional staff should be made aware of this policy at both induction (new staff) and through team meetings.

19.2 Line managers should ensure that SNR workers have been assessed as competent to carry out a requested task. Training can be accessed through the Vocational Education team at the Horizon Centre. All staff with a responsibility for administering medication must attend medication training and have their competency assessed. This may include the QCF module "Support Medication". Staff delivering Level 3 support must complete the QCF Module "Administer Medication".

## **20. Monitoring, Auditing, Reviewing & Evaluation**

20.1 The Medicines Optimisation Team will monitor, audit, evaluate and implement this policy through a process of learning from incidents which can be used to inform policy development and training.

20.2 This policy will be reviewed every 2 years.

## **21. Distribution**

21.1 This policy will be available on the Trust website.

## **22. References**

1. Department of Health, (2000) Domiciliary Care National Minimum Standards
2. Medicines Act 1968 and subsidiary regulations made under that Act
3. Royal Pharmaceutical Society of Great Britain,(2007) The Handling of Medicines in Social Care

## **23. Monitoring and Auditing**

The Medicines Optimisation Team will carry out audits as appropriate and also record details of staff who have undertaken training.

## **24. Equality and Diversity**

28.1 This document complies with the South Devon Healthcare Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust Equality and Diversity statements.

## **25. Appendices**

- Appendix 1: Request to GP for Confirmation of Current Medication
- Appendix 2: Permission to remove unwanted medicines

## **26. Further Information**

- 26.1 Links to policies.  
Incident Reporting and Management Policy  
Accountability Delegation and Supervision of Skilled Not Registered Staff Policy  
Confidentiality: Staff Code of Practice  
Records Management Policy  
Waste Management Policy
- 26.2 Best Practice Information.
- 26.3 Forms/Recording Documentation

**Appendix 1 Request to GP for Confirmation of Current Medication**

Patient Name	DOB
Unit or Home Address	NHS/PARIS No.

Dear Dr \_\_\_\_\_ your patient is receiving support with their medication from Torbay Care Trust staff. Please can you confirm the current medication that the patient is taking either by supplying **a copy of the repeat prescription** if this is a complete record or by completing the table below.

Medication Name	Form	Strength	Dose

Prescriber's Signature / Name	Date
-------------------------------	------

**Please return his form to**

<b>Name</b>	
<b>Unit</b>	
<b>NHS email</b>	
<b>Confidential Fax Number</b>	

**Appendix 2: Permission to Remove Unwanted Medicines**

<b>Service User Name</b>	<b>NHS Number:</b>
<b>Address</b>	
<b>GP</b>	
<b>Surgery</b>	

The following is a list of drugs (and dressings) which are no longer required because:

- discontinued from treatment
- expired

<b>Medication</b>	<b>Reason for return</b>	<b>Quantity removed</b>

\* Key: D = Discontinued E = Expired

I authorise the removal of the medicines listed above by

<b>Name:</b>	
This is to return the medicines to my local community pharmacy for safe destruction	<b>Name of Pharmacy:</b>

<b>Signed: (Service user/carer):</b>	<b>Date:</b>
<b>Signed: (Torbay Staff):</b>	<b>Date:</b>
<b>Signed (Pharmacist)</b>	<b>Date</b>
<b>To be returned to service user and retained in service user's records</b>	

### Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

<b>Ref No:</b>	1928		
<b>Document title:</b>	<b>MEDICINES POLICY FOR SKILLED NOT REGISTERED (SNR) STAFF</b>		
<b>Purpose of document:</b>	This policy aims to inform staff of their responsibilities regarding medicines when supporting patients in the community.		
<b>Date of issue:</b>	20 October 2017	<b>Next review date:</b>	31 January 2018
<b>Version:</b>	2	<b>Last review date:</b>	
<b>Author:</b>	Medicines Governance Facilitator		
<b>Directorate:</b>	Medical		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Care and Clinical Policies		
<b>Date approved:</b>	17 May 2017		
<b>Links or overlaps with other policies:</b>	All TSDFT Trust Strategies, policies and procedure documents		

	Please select	
	Yes	No
<b>Have you considered using Equality Impact Assessment?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Does this document have training implications?</b> <i>See section 19. Training</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
September 2012	V 1.0	New Policy	Care & Clinical Policies
April 2015	V 1.1	Reviewed & updated	
June 2015	V 2.0	Reviewed	Care & Clinical Policies Sub Group
30 June 2017	V 2	Review date extended	Care and Clinical Policies Sub Group
20 October 2017	V 2	Review date extended	Care and Clinical Policies Sub Group



## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Quality Impact Assessment (QIA)**

<b>Who may be affected by this document?</b>	<i>Please select</i>			
	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input checked="" type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (please state):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
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*If you answer yes to this question, please complete a full Quality Impact Assessment.*

<b>Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?</b>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		

*If you answer yes to any of these strands, please complete a full Quality Impact Assessment.*

<b>If applicable, what action has been taken to mitigate any concerns?</b>	
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<b>Who have you consulted with in the creation of this document?</b>  <i>Note - It may not be sufficient to just speak to other health &amp; social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (please state):	This is a minor review of v1.0 of this policy and has not been widely consulted on		